

222808

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2010 - 111 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: William Davidson Jr Tax Telephone: 864-487-7693

Address: 115 Hillcrest Drive Fax: _____

Baffney SC 29340 Other: _____

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
MAR 18 2010
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

[Handwritten signature]

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 3-5-16

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

William F. Davidson dba

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

J's Taxi Service

800 S. Logan Street, Gaffney SC 29340
Street Address of Applicant

115 Hillcrest Drive, Gaffney SC 29340
Mailing Address of Applicant if different from street address

864-487-7693

Phone

Fax

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

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PSC SC
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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month March Year 2010

Assets:

Cash	\$1500.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$8,000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	\$500.00
Supplies on Hand	
Prepays and Other Assets	
Total Assets	\$10,000.00
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	-0-
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$2.00 sit down fee
\$1.15 per mile

*

Counties to be Served: Cherokee and surrounding Counties.
and all Counties in South Carolina.

Maximum Number of Passengers per Vehicle: 5

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**

The following insurance quote is for:

J's Taxi Service

Name of Motor Carrier

800 B S. Logan St, Gaffney SC 29340

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 11,721.00

Limits 100,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Stratford Insurance Co.

Name of Insurance Company

400 Parson's Pond Dr Franklin Lakes, NJ 07417

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3-1-2010

Date

Linda B. Sorrow

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

William Davidson

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF Charleston)

William F Davidson
Applicant's Signature

I, William F Davidson, owner
Name of Applicant's Representative Title

of J's Taxi Service,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

X William F Davidson
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 5th day of March, 2010

D. Lee Geary
Notary Public

Commission Expires 5-4-16

JED ADDRESS

Form E

**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**
(Executed in Triplicate)

Filed with South Carolina Dept of Motor Vehicles (hereinafter called Commission)
(Name of Commission)

This is to certify, that the STRATFORD INSURANCE COMPANY
(Name of Company)

(after called Company) of 400 PARSON'S POND DRIVE, FRANKLIN LAKES, NEW JERSEY 07417-2600
(Home Office Address of Company)

sued to WILLIAM F DAVIDSON DBA J'S TAXI SERVICE
(Name Of Motor Carrier)

1015 S LOGAN STREET, GAFFNEY, SC 29341
(Address Of Motor Carrier)

by or policies of insurance effective from 03/01/10 12:01 A.M. standard time at the address of the insured stated in policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all amendments thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such notice to commence to run from the date notice is actually received in the office of the Commission.

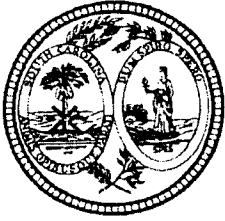
Witnessed at 400 PARSON'S POND DRIVE, FRANKLIN LAKES, NEW JERSEY 07417-2600
(Street Address) (City) (State) (Zip Code)

8TH day of MARCH 2010

Insurance Company File No. BAP0723573
(Policy Number)

Thomas Paul
(Authorized Company Representative)

IRB3539B



Jocelyn G. Boyd
Interim Chief Clerk/
Administrator
Phone: (803) 896-5133
Fax: (803) 896-5246

The Public Service Commission State of South Carolina

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Clerk's Office
Phone: (803) 896-5100
Fax: (803) 896-5199

March 12, 2010

TO: William F. Davidson d/b/a
J's Taxi Service
115 Hillcrest Drive
Gaffney, SC 29340

FROM: Janice Schmieding, Clerk's Department

YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):

XXX List the Counties that you wish to operate in (Page 3)
XXX Failed to submit Notarized Signature on Page 8

Once you have enclosed the above-mentioned item(s) in order for the Application to be processed, please re-submit the Application to the Public Service Commission of South Carolina, Attn: Clerk's Office, Post Office Box 11649, Columbia, South Carolina 29211.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240.

cc: Carole Chauvin, Office of Regulatory Staff (via e-mail)